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## APPLICANTS

John Walter May, Rochester, NY;  
 Arun Chowdry, Pittsford, NY;  
 Thomas Nathaniel Tombs, Brockport, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 8	TOTAL CLAIMS 57	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

## ADDRESS

MARK G. BOCCHETTI  
 EASTMAN KODAK COMPANY  
 PATENT LEGAL STAFF  
 ROCHESTER , NY 14650-2201

## TITLE

IMAGING USING A COAGULABLE INK ON AN INTERMEDIATE MEMBER

FILING FEE RECEIVED 1958	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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